SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD GOUNTY, WISCONSIN

		-	
Refund	Amount Paid:	Date:	Permit #:
	1-38-8 051	8-30-17	17-0343

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept

lo 🗆 No	□ No	feet			If yescontinue →		
es	☐ Yes	reline :	re is from Sho	Distance Structure is from Shoreline:	ond or Flowage	\square Is Property/Land within 1000 feet of Lake, Pond or Flowage	
rty in	ls Property in Floodplain Zone?	oreline : feet	re is from Sho	Distance Structure is from Shoreline:	Stream (incl. Intermittent) If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶] 2 -
Acreage 5.28		Lot Size		CS .	Town of: Barnes	, Township 44 N, Range 4 W	Section
	sion:	Subdivision:	Block(s) No.	Lot(s) No.	V.3 P.24647	Gov't Lot Lot(s)	SE 1/4, SE 1/4
Peed (i.e. # assigned by Register of Deeds)	Deed (i.e. # a	Recorded De Document #:			13 Og (4-5 digits)	Legal Description: (Use Tax Statement)	PROJECT LOCATION
Attached Ves No				7400		The second of th	
Written Authorization		/State/Zip):	ss (include City	Agent Mailing Address (include City/State/Zip):	Agent Phone: Ag	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Authorized Agent: (Per
Plumber Phone: 115-558 -656C			lfeld	JEFF Hoh	115-580-0432 Jeff Hohlfeld		Jim Johnson
115-223-7272 715-613-4426	, i			54873	Barnes Wi 54873	6780 Tars fond Rd B	6780 Tars
715-795-2942	(J)	548	nes Wi	Rd Ban	6780 Tars Pd Rd Barnes, Wi 5487		Ricky A
	***************************************	455-40000000000000000000000000000000000	ate/Zip:	City/State/Zip:	Mailing Address:	M	Owner's Name:
A. □ OTHER	□ B.O.A.	CIAL USE	JSE 🗆 SPE	CONDITIONAL	RY D PRIVY D	TYPE OF PERMIT REQUESTED→ X LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE	TYPE OF PERMIT RE

of Completion * include donated time &	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
	□ New Construction	▼ 1-Story	□ Seasonal	□ 1	☐ Municipal/City	□ City
		☐ 1-Story + Loft	🛭 Year Round	□ 2	☐ (New) Sanitary Specify Type:	X Well
50,000,00	☐ Conversion	□ 2-Story		□ 3	X Sanitary (Exists) Specify Type: Septic	******
-	Relocate (existing bldg)	Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	□ Run a Business on	X No Basement		X None	☐ Portable (w/service contract)	A C Commonwell
	Property	☐ Foundation			☐ Compost Toilet	
A CONTRACTOR OF THE CONTRACTOR	HPA-64				None	
Existing Structur	Existing Structure: (If permit being applied for is relevant to it)	r is relevant to it)	Length: 44 /		Width: 26' Height: 18	3 /
Proposed Construction:	uction:		Length: HO		Width: 46' Height: 16	01

X Non-Shoreland

The state of the s					
Proposed Use	\	Proposed Structure		Dimensions	Square
		Principal Structure (first structure on property)	-	×)	
		Residence (i.e. cabin, hunting shack, etc.)		×)	
L		with Loft		×)	
X Residential Use		with a Porch		×	
		with (2 nd) Porch		×)	
		with a Deck	\neg	×	
Σ		with (2 nd) Deck		×	
Commercial Use		with Attached Garage		×)	
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)		×	
•		Mobile Home (manufactured date))	×)	
en e	×	Addition/Alteration (specify) 14x21 bathroon/lawhy		×	1382
winiicipal Ose		Accessory Building (specify) 18x20 family poom 26x28qarage	^	×)	
The state of the s		Accessory Building Addition/Alteration (specify)	^	×)	
Hen a for Issued to	ເນ			,	
2		Special Use: (explain)		×	
MO O COL		Conditional Use: (explain)	_	×	
Secretarial Sistematical Secretarial Secretaria S		Other: (explain)		×	

Owner(s): Owner are Multiple Owner FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Isted on the Deed All Owners m Dorna Pollue
of authorization must acc E \otimes 87 5

Authorized Agent: (If you

arx

Address to send permit

sign or letter(s) of

accompany this application)

Date

6780 Suji. on behalf of the ow Piner(s) a of authorization must accompany this application)

Date

1873
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Hold For Sanitary: Hold For TBA:	Signature of Inspector:		Date of inspection:	Inspection Record: OUNGR Ch & Fr.		Granted by Variance (B.O.A.) Yes \(\) No Case #:	d Lot	Permit#: 17-0343	Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake or Mark Proposed Low NOTICE: All Land Use For The Construction Of New (Other previously surveyed coniet of marked by a licensed surveyor Prior to the placement or construction of a structure more than ter one previously surveyed corner to the other previously surveyed co- marked by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the placement are construction of a structure within ten (10) feet of the placement are construction of a structure within ten (10) feet of the placement are constructed by a linear of the construction of the placement are constructed by the construction of	Setback to Septic Tank or Holding Tank Setback to Drain Field	Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	Setback from the Listablished Right-of-Way Setback from the North Lot Line	Setback from the Centerline of Platted Road	Description	(8) Setbacks: (measured to the closest point)					(1) Show Location of: Pro (2) Show / Indicate: Nor (3) Show Location of (*): (*): (4) Show: (5) Show: (6) Show any (*): (*): (7) Show any (*): (*):
Hold For Affidavit:	Date of Approval:	Condition: A UDC permit from contracted UDC inspection age obtained prior to the start of const meet and maintain setbacks.	Inspected by: All It No. The model to be a m	- No Add 'H'one! Bed Morres planned Zoning District (Lakes Classification (□ No	□ Yes ☐(No Case #:	(Pused/Contiguous Lot(s)) SNo Mitigation Required □ Yes SNo Affidavit Required □ Yes FNo Mitigation Attached □ Yes No Affidavit Attached □ Yes	Permit Date: 8-30-17	1) Sanitary Number: 163.957 # of bedrooms: 2 Sanitary Date: 7 Reason for Denial:	iction, Septic Tank (ST), Drain field (DF), Holding Tank (street) ar from the Date of Issuance if Construction or Use has no the Municipalities Are Required To Enforce The Uniformate or Federal agencies may also require permits.	Unity previously surveyed connet or litalised surveyor at the dwiter's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	minimum required	75 Feet Setback to Well 75 Feet		Feet Setback from the River, Stream, Creek 나나이 Feet Setback from the Bank or Bluff		Measurement Description Weas	ontinuing) CAYS TONA TOWA Changes in plans must be approved by the Planning & Zoning Dept. a closest point)	ASeptic - Drain Field	Mrs Mell The Manual Man	House 19: 20: 58		ow Location of: Proposed Construction North (N) on Plot Plan We Location of (*): All Existing Structures on your Property Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) was any (*): (*) Wetlands; or (*) Slopes over 20% NO (*) Privy (P) was any (*): (*) Wetlands; or (*) Slopes over 20% NO (*) Privy (P)
,	1000				□ No		es XNo		10-45	<u>≅</u> II(W).	t be visible from , or must be	veyed corner to the	Feet	Feet Feet	Feet	Feet	Measurement	Zoning Dept.			•		•

City, Village, State or Federal May Also Be Required

SANITARY - 163951 SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

August 30, 2017

Date

17-0343 Ricky Podevels Issued To: No. N. Range 9 W. Barnes Location: 1/4 of Section Township Town of CSM# V.3 P.246-47 Par #1 Block Subdivision Gov't Lot For: Residential Addition / Alteration: [1- Story; Bathroom / Laundry (14' x 21') = 294 sq. ft.; Family Room (18' x 20') = 360 sq. ft.; Attached Garage (26' x 28') = 728 sq. ft.] Total Overall = 1,382 sq. ft. (Disclaimer): Any future expansions or development would require additional permitting. Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks. **Tracy Pooler** This permit expires one year from date of issuance if the authorized construction NOTE: **Authorized Issuing Official** work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found

This permit may be void or revoked if any performance conditions are not

to have been misrepresented, erroneous, or incomplete.

completed or if any prohibitory conditions are violated.